



Registration Form

Permit Number: _____

STUDENT INFORMATION

Name: _____ Preferred Name: _____

(Please print FIRST & LAST name)

DL#: _____ SNN#: _____ DOB: _____ / _____ / _____

Age: _____ T-Shirt Size: _____ Lab Coat Size: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Mobile: _____ Work: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Mobile: _____ Work: _____

EDUCATION HISTORY *(Please attach a copy of your High School Diploma. Official Transcript is NOT needed.)*

High School: _____ Date Graduated: _____ / _____ / _____

College/Undergrad: _____ Year Graduated: _____

Vocational: _____ Year Graduated: _____

PREVIOUS BEAUTY SCHOOL / TRANSFER STUDENT

High School/Beauty School: _____

Curriculum: Aesthetics Cosmetology Barbering

TUTORIALS / PRIVATE LESSONS

Curriculum _____ Written _____ Practical _____

TDLR Hours: _____ Date: _____

REGISTRATION FEES

Registration Fee \$100.00 TDLR Permit Fee \$25.00 CIMA Digital Platform Fee \$500